

# Best Practices for mySAP.com

FUNCTIONAL SPECIFICATION INTERFACES			
<b>Section I: Justification</b>			
Area (SAP System components):	Accounts Payable		Date: 04/18/2006
Requested by:	Teresa Hane	Tel no:	
Title:	Vendor Master Data		
Short description:	This functionality is required to provide non-live agencies with the information on vendors currently received from STARS and to allow STARS to update vendor master data for new vendors or changes.		
Program type:	<input checked="" type="checkbox"/> Batch interfaces <input type="checkbox"/> Online interfaces		
Priority:	<input checked="" type="checkbox"/> High/mandatory <input type="checkbox"/> Medium/recommended <input type="checkbox"/> Low/optional		
Interface specification:			
Type of interface:		<input type="checkbox"/> BAPI <input type="checkbox"/> IDOC <input type="checkbox"/> ALE <input type="checkbox"/> Others	
Created with:		<input type="checkbox"/> SAP Standard interface <input type="checkbox"/> Add-on interface	
Interface direction:		<input type="checkbox"/> Inbound <input checked="" type="checkbox"/> Outbound <input type="checkbox"/> Both	
Frequency:		<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Others:	
General information:			
Results if no interface is are created:		<input type="checkbox"/> Legal requirements not fulfilled <input checked="" type="checkbox"/> Lack of essential business information <input type="checkbox"/> Lack of functions compared to legacy system <input type="checkbox"/> Others: Increased manual entry	
Approx. duration of development work:		1 Day	
Is there an alternative in the standard system?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Description of alternative:			
Reasons why alternative is not acceptable:		<input type="checkbox"/> Performance problems <input type="checkbox"/> Complexity <input type="checkbox"/> Others:	
Project cost:		Charge cost to:	
Cost approved by:			
Date of project management approval:		Date of steering committee approval:	

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## Section II: Detailed Functional Description

### Background:

The State of South Carolina expectations for the non-live agency process:

- Minimize impact to non-live SAP agencies
  - Allows non-live agencies to continue to access STARS inquiry systems, functionality and reports
  - Allows non-live agencies to continue to provide files in current format and data to STARS
- Minimize impact on SCEIS resources needed to support non-live agencies
- Minimize development cost of maintaining legacy STARS systems

### Requirement:

- Create a daily file to interface to STARS with the following data:
  - 1<sup>st</sup> 4 characters vendor name
  - FEIN
  - Vendor Status – blocked, marked for deletion, etc.
  - Check Digit – V, I, S or F
- File will update STARS Vendor Master Table and Vendor Hold File so vendor invoices can be validated in STARS and then transferred to SAP for translation for new vendors or updates to current vendors.

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Not Applicable

A) Inbound Interfaces (Non-SAP System → SAP System)					
Relevant tables:					
Description of inbound interface:					
Input file 01:					
File name.	(path)				
Layout					
<i>Position</i>	<i>Field name</i>	<i>Type</i>	<i>Length</i>	<i>Decimals</i>	<i>Description</i>
1.	Field 1	C	10	02	
2.	Field 2	N	8		
3.	Field 3	X	15	03	
4.	Field 4	X	99		
5.	Field 5	X	99		
6.	Field 6	X	99		

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B) Outbound interfaces (SAP System → Non-SAP System)					
Relevant tables:	LFA1				
Description of outbound interfaces:	Transaction SE16N LIFNR SAP Vendor Number NAME 1 Vendor Name 1st 4 STCD1 Tax ID #1 STCD2 Tax ID #2 LOEVM Central Deletion Flag for Master Record SPERR Central Posting Block SPERM Centrally Imposed Purchasing Block SPERZ Payment Block Check Digit V, I, S, F – logic in SAP or STARS? S=SSN I = International F=FEIN V=?				
Output file 01:					
File name:	(path)				
Layout					
<i>Position</i>	<i>Fieldname</i>	<i>Type</i>	<i>Length</i>	<i>Decimals</i>	<i>Description</i>
1.	Field 1	C	10	02	
2.	Field 2	N	8		
3.	Field 3	X	15	03	
4.	Field 4	X	99		
5.	Field 5	X	99		
6.	Field 6	X	99		

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Section III: Functional test			
Program:	ZFO0001	Test date:	
Developer:		Tel no:	
<u>Team member responsible for testing:</u> 1. Test file(s): (optional)  2. Is the program in line with the functional specification? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", sign the form in the appropriate section below. If necessary, add some comments in the 'General comments' section. If "No", describe the errors in the program here.			
<u>Developer responsible:</u> 3. Describe the solution(s) :  4. New completion date:			
<u>Comments after second test</u> (if the program contained errors after first test): Date:    /    /			
<u>General comments:</u>			
<u>Names and signatures:</u>  _____ Application consultant  _____ Developer			